

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-017

2. STATE
Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
~~October 1, 2002~~ pen + ink change authorized
Jan. 1, 2003 1-3-03 earnings

5. TYPE OF PLAN MATERIAL (Check One):

JAN - 9 2003

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
Section 1902(a)17 of the Social Security Act

7. FEDERAL BUDGET IMPACT:
a. FFY 2002 \$0
b. FFY 2003 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.6-A, pgs. 2 and 4
Attachment 3.1-A, pg. 10

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Attachment 2.6-A, pgs. 2 and 4
Attachment 3.1-A, page 10

Washington (02-017)
approval: 03/21/03
effective: 01/01/03

10. SUBJECT OF AMENDMENT:

Correcting obsolete language regarding alien eligibility, per CMS' request.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Dennis Braddock

13. TYPED NAME:
DENNIS BRADDOCK

14. TITLE:
Secretary

15. DATE SUBMITTED:

1-3-03

16. RETURN TO:

Department of Social and Health Services
Medical Assistance Administration
925 Plum St SE MS: 45533
Olympia, WA 98504-5533

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: **JAN - 9 2003**

18. DATE APPROVED: **JAN 21 2003**

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
JAN - 1 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

/s/

21. TYPED NAME:
Karen S. O'Connor

22. TITLE:
Associate Regional Administrator

23. REMARKS:

Division of Medicaid &
Children's Health

1/7/03

*Pen + Ink changes authorized by the State on 2/26/03
(attach. 2-6-A, page 2, item C)*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Washington

<u>Citation</u>	<u>Condition or Requirement</u>
	b. For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the ACT	c. For financially eligible qualified Medicare beneficiaries covered under section 1902 (a) (10) (E) (i) of the Act, meets the non-financial criteria of section 1905 (p) of the Act.
1905(s) of the Act	d. For the financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905 (s).
	3. Is residing in the United States, and:
	(a) Is a citizen;
	(b) Is a qualified alien, as defined in P.L. 104-193 as amended, whose coverage is mandatory under such Act.
	[X] Is a qualified alien, as defined in P.L. 104-193, as amended, whose coverage is optional under such Act.
	(c) Is either an alien who is not a qualified alien, as defined in P.L. 104-193, as amended, or who is a qualified alien subject to the five-year bar in section 403 of that Act, applicable to Lawful Permanent Residents entering who entered the United States August 22, 1996 or later. (Coverage of such otherwise eligible aliens is limited to care and services necessary to treat an emergency medical condition of the alien).

Pen & Ink
2/26/03TN # 02-017
Supersedes
TN # 92-08

Approval Date:

Effective Date: 01/01/03

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State: Washington

<u>Citation</u>		<u>Condition or Requirement</u>
42 CFR 435.403 1902(b) of the Act	4.	Is a resident of the state, regardless of whether or not the individual maintains the residence permanently or maintains it at a fixed address. <input checked="" type="checkbox"/> State has interstate residency agreement with the following States: Idaho <input type="checkbox"/> State has open agreement(s). <input type="checkbox"/> Not applicable; no residency requirement.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Washington

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORIACALLY NEEDY

25. Home and Community Care for Functionally Disabled elderly Individuals, as defined, described and limited in Supplement 2 to attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

	Provided
X	Not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are:

- A. Authorized for the individual by a physician in accordance with a plan of treatment,
- B. Provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and
- C. Furnished in a home.

X	Provided	X	State-Approved (Not Physician's) Service Plan Allowed
		X	Services Outside the Home also Allowed
		X	Limitations Described in Attachment 3.1-A, Page 10-1

27. An alien who is a non-qualified alien or a qualified alien subject to the five year Ban and is otherwise eligible for Medicaid is eligible only for care and services necessary to treat an emergency medical condition as defined in section 1903(v) of the Act.